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Fill in this information to identify your case:		
United States Bankruptcy Court for the: Northern District of Illinois Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS APR 18 2016 Check if this is an amended filing amended filing
Official Earm 101		116

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number

f known). Answer every question.				
ourself				
	About Debtor 1:	,	About Debtor 2 (Spouse Only in a Joint Case):	
			•	
t is on your l picture	CONNIE	· · · · · ·		
kample, e or	J temp A ii		irst name	
	Middle name HARRIS	Ñ	Aiddle name	
r meeting	Last name	Ī	ast name	
	Suffix (Sr., Jr., II, III)	Š	Suffix (Sr., Jr., II, III)	
you	निवास विकास के जान कर किया है है है जिस के किया है जो क	व्यंतर्दर्भ स्वान्त्रकः भेता भेतान्त्रकारम् श्रीद्वाराष्ट्रकः व्यंत्रकार्	онического и подавления на проделения выполнения в под съды под	
last 8	First name	F	irst name	
d or	Middle name	N	fiddle name	
	Last name		ast name	
	First name	F	irst name	
	Middle name	<u></u>	liddle name	
	Last name	— <u> </u>	ast name	
entrolations become green on the state of the	PRILATE HIS ONLY THE SELECTION OF THE SE	landalani oleh esiste diskolorikan enisterra		
igits of	xxx - xx - 3 2 0 3	X,	xx - xx	
al		0		
yer mber	9 xx - xx	9	xx - xx	
	t is on your picture cample, e or relating when the second	About Debtor 1: It is on your picture cample, and or J Middle name HARRIS I meeting Suffix (Sr., Jr., II, III) You Plast 8 First name Last name Last name Last name Last name Last name Aigist of pirity	About Debtor 1: It is on your picture picture picture fample, ample, and or J Middle name HARRIS Last name Suffix (Sr., Jr., II, III) Suffix (Sr. ame J J J J J J J J J J J J J J J J J J J	

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Debte	or 1 CONNIE J First Name Middle N	HARRIS	3		Case number (# known)	
sept-di-ese						
		About Debtor 1:			About Debtor 2 (Spouse Only in a Joint	Case):
a J	Any business names and Employer dentification Numbers EIN) you have used in	☐ I have not used any bu	siness names o	or EINs.	☐ I have not used any business names of	r EINs.
	he last 8 years nclude trade names and	Business name			Business name	
	doing business as names	Business name			Business name	
		EIN	MANAGEMENT STATES		EIN	
		EIN			EIN	
5. V	Vhere you live	A COLOMBO PER	Kanadalak Perantung dinakta Kibanaya a mangerjah men	ar economica pode major electroma atomica economica	If Debtor 2 lives at a different address:	angitak karingilangilangi kebebangan kenangan be
		510 E 62ND ST			***	
		Number Street			Number Street	
		APT 1				·····
		CHICAGO City	IL State	60637 ZIP Code	City State	ZIP Code
		соок				
		County			County	
		If your mailing address is above, fill it in here. Note any notices to you at this m	that the court w	vill send	If Debtor 2's mailing address is different yours, fill it in here. Note that the court will any notices to this mailing address.	from I send
		Number Street			Number Street	
		P.O. Box			P.O. 8ox	
and and an area		City	State	ZIP Code	City State	ZIP Code
. W	hy you are choosing	Check one:	en de la companya de	\$ 20000-0000-000-000-000-000-000-000-000-	Check one:	terjekt kennetinje kojen siste i navnoben
	ankruptcy	Over the last 180 days I I have lived in this distri- other district.	ct longer than ir	petition, nany	Over the last 180 days before filing this I have lived in this district longer than in other district.	petition, any
		I have another reason. I (See 28 U.S.C. § 1408.)			☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	
				***************************************	######################################	

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Debt	or 1 CONNIE J First Name Middle Na	me	Last Name	ARRIS	Case number (if known)			
Par	12: Tell the Court Abo	ut Your I	Bankrup	otcy Case					
7. T	The chapter of the Bankruptcy Code you	Check of	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
ē	are choosing to file under	☑ Cha			-	., .			
		☐ Cha	Chapter 11						
		☐ Cha	pter 12						
		☐ Cha	pter 13						
8. F	low you will pay the fee	loca you sub with I ne App I rec By I less pay	al court for rself, you mitting y a pre-pi ed to pa lication if quest th aw, a juc than 15 the fee i	or more details about how you may pay with cash, cashier your payment on your behalf, winted address. The fee in installments. If for Individuals to Pay The Filling at my fee be waived (You may be may, but is not required to 50% of the official poverty line	a may pay. Typical scheck, or mone your attorney may you choose this on the fee in Installm ay request this open, waive your fee, that applies to you this option, you retermed the second seco	y order. If your attorney is y pay with a credit card or check option, sign and attach the tents (Official Form 103A). Otion only if you are filing for Chapter 7, and may do so only if your income is our family size and you are unable to must fill out the Application to Have the			
	lave you filed for cankruptcy within the	☑ No							
la	ast 8 years?	Yes.	District	Who	m	Case number			
			District	Wh		Case number			
					MM / DD / YYYY				
			District	Whe	m MM / DD / YYYY	Case number			
	e								
	are any bankruptcy	☑ No							
fi	ases pending or being led by a spouse who is	\square Yes.	Debtor			Relationship to you			
y p	ot filing this case with ou, or by a business artner, or by an ffiliate?		District	Whe	n MM / DD / YYYY	Case number, if known			
a	mmate :		Debtor			Relationship to you			
					n	Case number, if known			
	two controls of the control of the c				MM / DD / YYYY	and the second of the second o			
	o you rent your esidence?	☐ No. ☑ Yes.	Go to lin Has you residenc	ne 12. ur landlord obtained an eviction ju					
			No.	Go to line 12.					
				. Fill out <i>Initial Statement About</i> a bankruptcy petition.	n Eviction Judgmen	at Against You (Form 101A) and file it with			

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ebtor 1 CONNIE J	me	HARRIS Last Name		Case n	umber (# know	n)	
Report About Any	Busines	ses You Own as a S	ole Propriet	tor			
Are you a sole proprietor	🛭 No.	Go to Part 4.					
of any full- or part-time business?	Yes	. Name and location of b	ousiness				
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as		Name of business, If any	WO 90, Anni anni anni anni anni anni anni anni				
a corporation, partnership, or LLC.		Number Street					
If you have more than one sole proprietorship, use a separate sheet and attach it				· · · · · · · · · · · · · · · · · · ·	·		
to this petition.		City	***************************************		State	ZIP Code	
						Section 1997 Section 1997	
		Check the appropriate		•		Mark A	
		Health Care Busine					
		Single Asset Real E			§ 101(51B)))	
		Stockbroker (as de					
		Commodity Broker	(as defined in	11 U.S.C. § 101	(6))		
		None of the above					
Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	can set most re any of t	appropriate deadlines. It cent balance sheet, state hese documents do not of	f you indicate to ement of opera exist, follow th	that you are a smattions, cash-flow	all busines statement.	small business debtor so that it s debtor, you must attach your and federal income tax return or 1116(1)(B).	if
For a definition of small	☐ No.	I am not filing under Ch	napter 11.				
business debtor, see 11 U.S.C. § 101(51D).	☐ No.	I am filing under Chapte the Bankruptcy Code.	er 11, but I am	NOT a small but	siness debt	or according to the definition in	
	Yes.	s. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
ort 4: Report if You Own	or Havo	Any Marandaua Pro-		. Duamanto The	.c. blanda (Immediate Attention	
		Any Hazardous Filo	perty of Ally	rroperty ina	it Neeus i	immediate Attention	
Do you own or have any	No No						
property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?			·····		·
identifiable hazard to public health or safety? Or do you own any property that needs					····		
immediate attention?		If immediate attention	is needed, wh	y is it-needed?			
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			***************************************				
		Where is the property?	>				
		o.c to dio property:	Number	Street			
			City			State 7IP Code	

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Del	htor	1

CONN	IE J	
First Name	Middle Na	m

HARRIS

Case number (#known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About De	btor 1
----------	--------

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Ļ	1	am	not	requi	red to	recei	ive a	briefing	about
						ecaus			

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after t reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

■ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing abou	t
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-13098 Doc 1 Filed 04/18/16 Entered 04/18/16 11:59:33 Desc Main Page 6 of 47 Document

De	ebtor 1 CONNE J First Name Middle Name	HARRIS Last Name	Case number (# kn	оwл)
	_			
-	art 6: Answer These Que	stions for Reporting Purpos	es	
16	. What kind of debts do you have?	16a. Are your debts primar as "incurred by an individua	rily consumer debts? Consumer deb al primarily for a personal, family, or hou	its are defined in 11 U.S.C. § 101(8) sehold purpose."
	,	No. Go to line 16b.✓ Yes. Go to line 17.		
		16b. Are your debts primari money for a business or inv	ily business debts? Business debts vestment or through the operation of the	are debts that you incurred to obtain business or investment.
		☐ No. Go to line 16c. ☐ Yes. Go to line 17.		
		16c. State the type of debts you	owe that are not consumer debts or bus	siness debts.
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Cha	apter 7. Go to line 18.	Mental terrence mental terrence mental terrence de la companya de
Page Nation	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No	er 7. Do you estimate that after any exen s are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
18.	How many creditors do	2 1-49	1,000-5,000	25,001-50,000
	you estimate that you owe?	☐ 50-99 ☐ 100-199 ☐ 200-999	5,001-10,000 10,001-25,000	50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$0.\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
Pa	rt 7: Sign Below	□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion
Fo	r you	I have examined this petition, and correct.	d I declare under penalty of perjury that t	he information provided is true and
		If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7.	pter 7, I am aware that I may proceed, if understand the relief available under eac	eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
		If no attorney represents me and this document, I have obtained ar	I did not pay or agree to pay someone wand read the notice required by 11 U.S.C.	ho is not an attorney to help me fill out § 342(b).
			the chapter of title 11, United States Co	
		I understand making a false states with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, an	In fines up to \$250,000, or imprisonmen	money or property by fraud in connection it for up to 20 years, or both.
		* COMULE	Harris *	
		Signature of Debtor 1 Executed on OH 18.5	Signature Executed	
	to the contract of the contrac	A COLL I WIND		MM / DD /YYYY

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Debtor 1	CONNIE J First Name Middle Nam	HARRIS Lest Name	Case number (if known)_		
For your represent	attorney, if you are ted by one not represented	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or 13 available under each chapter for which the the notice required by 11 U.S.C. § 342(b)	his petition, declare that I have inf of title 11, United States Code, ar e person is eligible. I also certify the and, in a case in which § 707(b)(4	ormed the nd have ex hat I have ND) applie	debtor(s) about eligibility that I have no certify that I have no
by an atto	orney, you do not le this page.	knowledge after an inquiry that the information	ation in the schedules filed with the	e petition i	s incorrect.
		Signature of Attorney for Debtor	Date	MM /	DD /YYYY
		Printed name			
		Firm name			
		Number Street			
		City	State	ZIP Code	
		Contact phone	5-1-1		
		contact phone	Email address	***************************************	
		Bar number	State	•	

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Debtor 1	CONNIE First Name Mix	J Idle Name L	HARRIS ast Name	Case number (# known)						
	if you are filing t tcy without an	should thems	d understand that many elves successfully. Bec	dual, to represent yourself in ban people find it extremely difficu ause bankruptcy has long-term ply urged to hire a qualified atto	ilt to represent n financial and legal					
an attorn	e represented by ney, you do not file this page.	To be s technic dismiss hearing firm if y	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.							
		court. E in your propert also de case, s cases a	Even if you plan to pay a pa schedules. If you do not list by or properly claim it as exe my you a discharge of all yo luch as destroying or hiding are randomly audited to deto	debts in the schedules that you are rticular debt outside of your bankru t a debt, the debt may not be disch- empt, you may not be able to keep our debts if you do something disho property, falsifying records, or lying ermine if debtors have been accura- rime; you could be fined and imp	optcy, you must list that debt arged. If you do not list the property. The judge can pnest in your bankruptcy g. Individual bankruptcy ate, truthful, and complete.					
		hired a succes Bankru	If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.							
			uences?	uptcy is a serious action with long-to	erm financial and legal					
		inaccur DNo	ı aware that bankruptcy frau ate or incomplete, you couk	ud is a serious crime and that if you d be fined or imprisoned?	r bankruptcy forms are					
		⊠ No	. Name of Person	one who is not an attorney to help y Preparer's Notice, Declaration, and Si						
		have re	ad and understood this noti	at I understand the risks involved in ce, and I am aware that filing a bar rights or property if I do not proper	nkruptcy case without an					
			DIMULTUM re of Debtor 1	Signature of De	abtor 2					
		Date	04 18 2016 MM/DD /YYYY	Date	MM / DD / YYYY					
		Contact p	phone	Contact phone						

Cell phone

Email address

Cell phone

Email address

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			Document	Page 9 of 47		
Fill in th	is information to identify your ca	ise and this	filing:			
	CONNIE J		HADDI			
Debtor 1		Name	HARRIS Last Name	<u> </u>		
Debtor 2		P-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
		Name	Last Name			
United Sta	ates Bankruptcy Court for the: Northern	District of II	linois			
Case num	nber				-	-
					L.	Check if this is an
Offic	ial Form 106A/B					amended filing
	redule A/B: Pro	perty	,			12/15
-	category, separately list and des			:		
Part 1:	Describe Each Residence, u own or have any legal or equite o. Go to Part 2.	Building, I	and, or Other I	Real Estate You Own or Ha		
	o. Go to Part 2. es. Where is the property?					
	es. where is the property?		What is the pro	perty? Check all that apply.		
			Single-family		Do not deduct secured cla the amount of any secure	
1.1.	Street address, if available, or other des	a animėia m		Iti-unit building	Creditors Who Have Clair	
	Silect address, if available, or other des	scription	Condominium	or cooperative	Current value of the	Current value of the
				or mobile home	entire property?	portion you own?
			Land Investment or		\$	\$
			Investment pr	operty	Describe the nature of	of your ownership
	City State	ZIP Code	Other		interest (such as fee	simple, tenancy by
			Who has an inte	rest in the property? Check one.	the entireties, or a life	e estate), ii known.
			Debtor 1 only			
	County		Debtor 2 only		_	
	•		Debtor 1 and E	Debtor 2 only		mmunity property
				the debtors and another	(see instructions)	
			Other information	on you wish to add about this it cation number:	em, such as local	
If you	own or have more than one, list her	re-	property identifi	batton namber.		
•			What is the prope	erty? Check all that apply.	Paramata de deservación de la constanción de la	
			Single-family he		Do not deduct secured cla the amount of any secure	d claims on Schedule D:
1.2.	Street address, if available, or other des	scription	Duplex or multi-	_	Creditors Who Have Clain	ns Secured by Property.
			Condominium o	•		Current value of the
			☐ Manufactured of Land	or mobile home	entire property?	portion you own?
			LandInvestment proj	perty	\$	\$
	City State	ZIP Code	☐ Timeshare	, , ,	Describe the nature of	f your ownership
	City State	ZIP Code	Other	11111111111111111111111111111111111111	interest (such as fee the entireties, or a life	simple, tenancy by e estate), if known,
			Who has an inter	est in the property? Check one.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Debtor 1 only			
	County		Debtor 2 only			
			Debtor 1 and De	•	☐ Check if this is co	mmunity property
			At least one of the	ne debtors and another	(see instructions)	

property identification number: _

Other information you wish to add about this item, such as local

Debtor 1	CORNE 16-13098 POC 1 First Name Middle Name Last Name	Filed 04/18/16 Entered 04/18/16 1 Document Page 10 of 47 number (in	L1:59:33 Desc	Main	
1.3.	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured clause amount of any secure Creditors Who Have Claim	d claims on Schedule D. ns Secured by Property.	
		☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of the portion you own?	
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one.	Describe the nature of your ownership interest (such as fee simple, tenancy be the entireties, or a life estate), if known		
	County	Debtor 1 only Debtor 2 only			

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

property identification number:

Other information you wish to add about this item, such as local

		vn for all of your entries from Part 1, including any entrie umber here		\$
Part 2:	Describe Your Vehicles			
Do you you own	own, lease, or have legal or equitable that someone else drives. If you lease	interest in any vehicles, whether they are registered or a vehicle, also report it on Schedule G: Executory Contracts	not? Include any vehicles and Unexpired Leases.	\$
3. Cars		ehicles, motorcycles		
3.1.	Make: Model: Year: Approximate mileage:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D:
	Other information:	Check if this is community property (see instructions)	\$	\$
lf you	u own or have more than one, describe l	nere:		
3.2.	Make: Model: Year: Approximate mileage:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any securer Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D:
	Other information:	☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	\$	\$

☐ Check if this is community property

(see instructions)

Debtor 1

_	Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
`	Year:	Debtor 1 and Debtor 2 only	Current value of the	
/	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
(Other information:	_		_
Service and the service and th		☐ Check if this is community property (see instructions)	\$	\$
3.4. N	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
t	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
١	Year:	Debtor 2 only	Current value of the	Current value of the
,	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	очет иноппацоп.	Check if this is community property (see instructions)	\$	\$
	les: Boats, trailers, motors, personal w	ratercraft, fishing vessels, snowmobiles, motorcycle accesso	ories	
kampi No Yes 1. N N		Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
xampi No Yes .1. N	Make: Model: Year:	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property. Current value of th
Xampi No Yes .1. N Y	Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of th portion you own?
you o'	Make: Model: fear: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ ims or exemptions. Put d claims on Schedule D:
Xampi No J Yes 1.1. M Y C C C C C C N N Y	Make: Model: /ear: Other information: wn or have more than one, list here: Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer	d claims on Schedule D: ns Secured by Property. Current value of th portion you own? \$ ims or exemptions. Put d claims on Schedule D:

CSANE 16-13098 Poc 1 Filed 04/18/15 Entered 04/18/16 11:59:33 Desc Main Page 11 of 47 Plumber (if known) Page 11 of 47 Plumber (if known)

Part 3: Describe Your Personal and Household Items

De	you own or have any l	egal or equitable interest in any of the following items?	Current value portion you o Do not deduct se or exemptions.	wn?
6.	Household goods and	furnishings		
	Examples: Major appliar	nces, furniture, linens, china, kitchenware		
	☐ No			
	Yes. Describe	USED FURNITURE	\$	500.00
7.	Electronics		!	
	collections; e	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
	☐ No			
	Yes. Describe	1 T.V.	\$	150.00
8.	Collectibles of value		arrama ar e pro d	
	Examples: Antiques and stamp, coin, No	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe		\$	0.00
9.	Equipment for sports a	nd hobbies	l	
	Examples: Sports, photo and kayaks;	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	No No		Antonio contrarty	
	Yes. Describe		\$	0.00
10.	Firearms		g general general	
	Examples: Pistols, rifles, No	shotguns, ammunition, and related equipment		
	☐ Yes. Describe		\$	0.00
11.	Clothes		ome are not and	
	Examples: Everyday clot	hes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe		S	0.00
12.	Jewelry			
	gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	No Yes. Describe		\$	0.00
13.	Non-farm animals			
	Examples: Dogs, cats, bi	rds, horses		
	No Yes. Describe			0.00
	Yes. Describe		\$	0.00
14.		household items you did not already list, including any health aids you did not list		
	No		······	
	Yes. Give specific information		\$	0.00
		all of your entries from Part 3, including any entries for pages you have attached	\$_	0.00
	tor Part 3. Write that nu	mber here	·	

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Part 4:

Describe Your Financial Assets

Do you own or have any I	legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examples:</i> Money you h	nave in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your p	petition
☑ No			
☐ Yes		Cash:	\$\$
17. Deposits of money Examples: Checking, sa and other sir	avings, or other financial accou nilar institutions. If you have m	unts; certificates of deposit; shares in credit unions, brokera aultiple accounts with the same institution, list each.	age houses,
☑ Yes		Institution name:	
	17.1. Checking account:	TCF BANK	\$
	17.2. Checking account:		<u> </u>
	17.3. Savings account:		<u> </u>
	17.4. Savings account:	444	\$
	17.5. Certificates of deposit:	-	\$
	17.6. Other financial account:		
	17.7. Other financial account:		\$
	17.8. Other financial account:		
	17.9. Other financial account:		
18. Bonds, mutual funds, o Examples: Bond funds, ii No Yes		erage firms, money market accounts	0.00

			\$
			
19. Non-publicly traded sto an LLC, partnership, ar	ock and interests in incorporate	rated and unincorporated businesses, including an inte	erest in
☑ No	Name of entity:	% of own	ership:
Yes. Give specific information about		0%	% \$0.00
them		0%	% \$
	***************************************	0%	% \$

Negotiable instrume	corporate bonds and other negotiable and non-negotiable instruments ents include personal checks, cashiers' checks, promissory notes, and money orders. ruments are those you cannot transfer to someone by signing or delivering them.		
✓ No Yes. Give specific information about	ut		0.0
them		· · · · · · · · · · · · · · · · · · ·	
		φ	
21. Retirement or pen	sion accounts		
	in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing	j plans	
☑ No			
Yes. List each account separat	ely. Type of account: Institution name:		
	401(k) or similar plan:	<u> </u>	0.00
	Pension plan:	 \$	1170011111111
	IRA:	\$	
	Retirement account:		
	Keogh:	•	
	Additional account:	\$	***
	Additional account:		
 Security deposits a Your share of all unu Examples: Agreeme companies, or others No 	used deposits you have made so that you may continue service or use from a company nts with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications		
Yes			
1 188	Institution name or individual: Electric:		0.04
	Gas:	\$	0.00
	Heating oil:	\$	
	Security deposit on rental unit:	\$	***************************************
	Prepaid rent:		
	Telephone:	5	
	Water:	\$	
	Rented furniture:		***************************************
	Other:		
	t for a periodic payment of money to you, either for life or for a number of years)		
☑ No	Issuer name and description:		
. I Y LC	toolor name and description.		

24. Interests in an education II 26 U.S.C. §§ 530(b)(1), 529a		count in a qualified ABLE program, or under a qualified state tuition program.		
2 No	ndo), and oz			
☐ Yes				
	' Institutio	n name and description. Separately file the records of any interests.11 U.S.C. § 521	(c):	
			\$	0.00
			\$	
			¢	
			Φ	
25. Trusts, equitable or future exercisable for your benef	interests in it	property (other than anything listed in line 1), and rights or powers		
☑ No				
Yes. Give specific			,	
information about them	•		\$	0.00
	`		l	
		e secrets, and other intellectual property		
	iames, webs	sites, proceeds from royalties and licensing agreements		
☑ No	,		—- ₁	
Yes. Give specific information about them	A LE LANGE CONTRACTOR OF THE PARTY OF THE PA		·	0.00
momation about them	•		\$	
27. Licenses, franchises, and				
	exclusive lic	enses, cooperative association holdings, liquor licenses, professional licenses		
No No	[
Yes. Give specific information about them	The second secon		•	0.00
miormation about them			\$	0.00
Money or property owed to yo	u?		portion Do not d	t value of the you own? leduct secured r exemptions.
			ciaims o	r exemplions.
28. Tax refunds owed to you				
☑ No				
Yes. Give specific inform		Federal:	\$	0.00
about them, includir you already filed the		State:	\$	
and the tax years	******************	Local:	\$	
		The state of the s	Ψ	
□ No		y, spousal support, child support, maintenance, divorce settlement, property settleme	∍nt	
Yes. Give specific information	ation			0.00
		Alimony:	\$	
		Maintenance:		····
		Support:		
		Divorce settlement:	\$	
		Property settlement:	\$	
30. Other amounts someone o <i>Examples:</i> Unpaid wages, dis Social Security be	sability insur	rance payments, disability benefits, sick pay, vacation pay, workers' compensation, aid loans you made to someone else		
☑ No				
Yes. Give specific information	ation			0.00
			\$	0.00

31. Interests in insurance policies				
	ice; health savings account (HSA)	credit, homeowner's, or renter's insurance		
No Yes. Name the insurance company	Company name:	Beneficiary:	Surrender or	refund value:
of each policy and list its value			¢	0.00
			Ψ	
			_	War district
20 American and the second of the state of t			Ψ	
property because someone has died.		nce policy, or are currently entitled to receive		
☑ No				
☐ Yes. Give specific information			\$	0.00
			<u> </u>	
33. Claims against third parties, whether or Examples: Accidents, employment disputeNo		, -		
Yes. Describe each claim.				
Tes. Describe each Gairn,			\$	0.00
34. Other contingent and unliquidated claim				
to set off claims	· · · · ·			
No Division in the second			magama yan nigan yaya a a a a a a a a a a a a a a a a	
Yes. Describe each claim			\$	0.00
			and the state of the second	
OF American state and alternative to the state of the sta	. 12 - 4			
35. Any financial assets you did not already				
No Yes. Give specific information				
			\$	0.00
36. Add the dollar value of all of your entrie	s from Part 4, including any ent	ries for pages you have attached		
for Part 4. Write that number here			→ \$	0.00
			<u> </u>	
Part 5: Describe Any Business-I	Related Property You Ow	n or Have an Interest In. List an	y real estate	in Part 1.
37. Do you own or have any legal or equitabNo. Go to Part 6.	le interest in any business-relat	ted property?		
Yes. Go to line 38.				
163. Ou to line 50.				
			Current value portion you o	
			Do not deduct s or exemptions.	
38. Accounts receivable or commissions yo	u already earned			
☑ No				
Yes, Describe			TO THE WAY THE WAY	0.00
	weeten and the state of the sta		<u> </u>	0.00
39. Office equipment, furnishings, and supp		nes, rugs, telephones, desks, chairs, electronic dev	daga.	
No	, moderns, printers, copiers, rax machir	nes, rugs, reiepriories, desks, chairs, electronic dev	ices	
Yes. Describe		AAVII.		0.00
			\$	0.00

Debtor 1	COMME	L3098	Poc 1	Filed 04/18/16 Document	Entered 04/18/16 11 Page 17 of 李列number (# kno	.:59:33 wn)	Desc Main	
40 Machines	y firturos oqui	nmant a	matina vav	use in business, and to				
₩ No	y, nxtures, equi	pinent, su			-			
	Describe					2007 A 2	11 V official table com	0.00
	At the stands and so as to		Photo a Photh de Arme Victoria and morrows comments of the physical design of the comments of	TO A Secretary and the secretary of the			\$	0.00
41 Inventory								
41.Inventory	grade and description of			NO AND NO NO AND	etti ittiiksi ka tuksat ilmissi saasa saa saa saa ka tuksa ka			
Yes. 🛭	Describe						\$	0.00
	Layana	e	707 (NT ab. 701 - Ph. 61 - Ph. 62 - Ph.			The first section and the section of		
	in partnerships	or joint ve	entures					
☑ No								
U Yes. C	escribe Na	me of entit	y:		9	% of ownership:	:	
	-					%	\$	0.00
						%	\$	
						%	\$	
43. Customer	lists, mailing lis	its, or oth	er compilati	ons				
Yes. D	o your lists incl	ude perso	nally identi	fiable information (as o	efined in 11 U.S.C. § 101(41A))?			
	1 No							
	Yes. Describe.							0.00
							\$	0.00
☑ No	ess-related prop	perty you						
informa	ation						\$	0.00
							\$	
							_	
							\$	
	روسه چهددسته روسه چهددسته						\$	
							\$	
45 Add the d	ollor volue of all						Y	
for Part 5.	Write that numb	or your e oer here	ntries from (Paπ 5, including any ei	ntries for pages you have attacl	hed 	\$	0.00
Part 6: D	escribe Any F you own or have	arm- and e an inter	I Commerce est in farmla	cial Fishing-Related and, list it in Part 1.	Property You Own or Have	an Interest	In.	
🗹 No. Go		gal or equ	uitable inter	est in any farm- or com	mercial fishing-related propert	y?		
- 100.00	7 to 1110 47.						Current value portion you Do not deduct or exemptions	own? secured claims
7. Farm anim							or eventhmons	•
	Livestock, poultry	/, farm-rais	sed fish					
☑ No ☐ Yes						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
 1€5					•			
		CA. A4	504 A4 50 A1				<u> </u>	0.00

CGR 16-13098

Debtor 1	Case 1 CONNE First Name	6-13098 Middle Name	Poc 1	Filed 04/ Docum	18/16 BRIS I	Entered (Page 18 o	04/18/16 11:59 ¢a ≴e7 number (# <i>known</i>)):33 De	esc Main	
48. Crops —	either growing	or harvested	i							
Ø No □ ∨						and a second as a form of the order		the the material state of materials and materials and materials and the state of th	*	
☐ Yes. infor	Give specific mation								\$	0.00
	d fishing equi									
☑ No ☐ Yes.						**************************************	WALLS STATE OF STATE	andre de deservo — e servicio de la companya de la	- A parameter	
	Quantum visit in the control of the								\$	0.00
50. Farm an	d fishing supp	lies, chemica	als, and feed							
No D Vos		#*************************************		A						
wa res.									\$	0.00
51. Any farn	n- and comme						and the second	enanteemen et ennet en en a transaci	. <u>.</u>	
☑ No □ vas	Give specific		y=y=	WerkerNear and Secure and Security Section (1) 10	mentala emiliaria de consta consta	At Attack of out to 114 bett out the back out and delice bed	Photological Additional Service and a second control of the service and a second control of the service and designed and designed as a second control of the service and designed as a second control of the second control	hann air ann an an Aireann an Aireann an	······j	
	mation					\$	en servicio de la composição de la compo	nada adinada hari sarraga kininga kininga ka madin d	\$	0.00
		•		•			you have attached	_	\$	0.00
for Part	6. Write that n	umber here		•••••••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		→		
Part 7:	Describe A					est in That	You Did Not Lis	t Above		
Examples	: Season tickets,									
☑ No ☐ Yes.	Give specific	The second se	AND THE STATE OF T						\$	0.00
	mation								\$	
									\$	
54. Add the	dollar value of	all of your e	ntries from F	Part 7. Write th	at numbei	here		→	\$	0.00
Part 8:	List the To	tals of Ea	ch Part of	this Form						
55. Part 1: T	otal real estate	e, line 2						→	\$	0.00
56. Part 2: T	otal vehicles,	ine 5			\$	0.00	•			
57. Part 3: T	otal personal	and househol	ld items. line	: 15	\$	650.00	- 			
	otal financial a				\$	0.00	- 1			
	otal business-				\$	0.00	- I			
	otal farm- and		-	lina E2	Ψ e	0.00	- I			
		-		mie J2	Ψ	0.00	- I			
	otal other prop	-			- 5	·	<u>.</u>			050.00
62. Total per	rsonal propert	y. Add lines 56	6 through 61.	(**************************************	\$	650.00	Copy personal prope	erty total 👈	+\$	650.00
00.75:4:1.5		A.L. III	m 4240 =	F . E . OC						650.00
o3. I otal of a	all property on	Schedule A/	B. Add line 5	5 + line 62		• • • • • • • • • • • • • • • • • • • •		*******	\$	

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Fill in this i	information to ident	ify your case:		17.5%	47/2/417	1		
Debtor 1	CONNIE	J		HARRIS				
Debtor 2	First Name	Middle Name		Last Name				
(Spouse, if filing		Middle Name		Last Name				
_	Bankruptcy Court for the	e:Northern Distr	rict of Illinois			980		
(If known)				-				Check if this is an amended filing
						•		amondou illing
Official	Form 106C							
Sched	dule C: T	he Pro	perty	You	Claim	as Exemp	ot	12/15
Using the prop space is need	perty you listed on So led, fill out and attach	thedule A/B: Pro to this page as	perty (Officia	al Form 106	NB) as your so	re equally responsible for ource, list the property the e as necessary. On the to	at vou claim as e	xempt. If more
your name an	d case number (if kno	own).						
For each iten	n of property you cla	aim as exempt,	you must s	pecify the a	mount of the	exemption you claim.	One way of doin	g so is to state a
specific dolla of any applic	ir amount as exemp able statutory limit.	t. Alternatively, Some exemptic	, you may c ons—such :	laim the full as those for	fair market va health aids	alue of the property bei	ng exempted up	ρ to the amount
retirement fu	nds—may be unlimi	ted in dollar an	nount. How	ever, if you	claim an exen	nption of 100% of fair n	narket value und	der a law that
limits the exe would be limi	emption to a particul ited to the applicabl	lar dollar amou: e statutory amo	nt and the v	alue of the	property is de	etermined to exceed the	it amount, your	exemption
		o olululo. y ulil	ount.					
Part 1:	dentify the Prope	rty You Clain	n as Exem	pt				
1 M/Link								
	et of exemptions are							
You a	are claiming state and are claiming federal e	rederai nonban xemptions, 11 L	ikruptcy exei J.S.C. § 522	nptions, 11 (b)(2)	U.S.C. § 522(t	0)(3)		
	ų.	,		(~)(-)				
2. For any p	property you list on	Schedule A/B t	hat you clai	m as exem	pt, fill in the in	formation below.		
Brief de: Schedul	scription of the prope le A/B that lists this p	erty and line on roperty	Current va		Amount of th	ne exemption you claim	Specific laws	s that allow exemption
			Copy the v		Check only or	ne box for each exemption		
Brief			\$		Q \$			
description Line from			*			fair market value, up to		
Schedule	A/B:				any appli	cable statutory limit		***************************************
Brief description	no		\$		□ \$			
Line from						fair market value, up to		
Schedule	A/B:				any appli	cable statutory limit		
Brief			\$		□ s			
description Line from		***************************************	V			fair market value, up to		
Schedule						cable statutory limit		h
3 Are you c	claiming a homestea	d avamation a	f mara than	£455 6753				
					s filed on or afte	er the date of adjustment	ω	
□ No		, -	-			are also or adjudition	•,	
	Did you acquire the pr	operty covered i	by the exem	ption within	1,215 days bef	ore you filed this case?		
	lo (
Ŭ Y	'es							

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Fill in this information to identify your ca	ase:			
Debtor 1 CONNIE	J HARRIS			
First Name Middle	∋ Name Lasl Name			
Debtor 2 (Spouse, if filing) First Name Middle	R Name Last Name		•	
United States Bankruptcy Court for the: Northern	District of Illinois			
Case number				
(If known)				if this is an ed filing
			amend	ed ming
Official Form 106D				
Schedule D: Credito	rs Who Have Claims Secur	ed by Pro	perty	12/15
miorination, il more space is needed, coi	e. If two married people are filing together, both are e by the Additional Page, fill it out, number the entries,	qually responsible and attach it to thi	for supplying corrects form. On the top of	t anv
additional pages, write your name and ca	se number (if known).		or the top of	uny
1. Do any creditors have claims secured	by your property?			
No. Check this box and submit this fo	rm to the court with your other schedules. You have noth	ing else to report on	this form.	
Yes. Fill in all of the information below	<i>'</i> .			
Part 1: List All Secured Claims				
A distribution of the state of		Column A	Column B	Column C
for each claim. If more than one creditor if	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collateral	Unsecured
As much as possible, list the claims in alp	habetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1	Describe the property that secures the claim:	\$	\$	· \$
Creditor's Name				Ψ
Number Street	-			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unfiquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)			
At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	_		
community debt				
Date debt was incurred	Last 4 digits of account number	4 tensoration returned and a return of the second of the s	N. S. S. All Development	
Creditor's Name	Describe the property that secures the claim:	\$	\$	
Creditor's Name]		
Number Street				
***	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent ☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt Date debt was incurred	Land Addition of the control of			
THE THE PERSON NAMED CONTROL OF THE PERSON NAMED CONTROL O	Last 4 digits of account number Column A on this page. Write that number here:	gademak fak kegyettinggan melaknik minekti unkahitadh kampundigan gan kumiy ki si kej K	- Tarettin Andronianus piegoverps P170 000 H britistis delgonique (friguese 94 keesses	a description for the description of the engineering of the production of the state of

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Fill in this information to identify	your case:		77.8%		
Debtor 1 CONNIE	J	HARRIS			
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Northern District of	of Illinois			
Case number (If known)					eck if this is an ended filing
Official Form 106E/F	_				
Schedule E/F: Cre	ditors W	<mark>/ho Have U</mark> ns	ecured Clair	ms	12/15
Be as complete and accurate as portion to the other party to any executo A/B: Property (Official Form 106A/I creditors with partially secured claneded, copy the Part you need, fill any additional pages, write your nature. Part 1: List All of Your PRIO	ry contracts or ui B) and on Schedu ims that are liste Il it out, number ti ame and case nur	nexpired leases that could ule G: Executory Contract d in Schedule D: Creditor he entries in the boxes or mber (if known).	d resuit in a claim. Also l s and Unexpired Leases s Who Have Claims Secu	list executory contracts on (Official Form 106G). Do no gred by Property If more so	Schedule It include any ace is
1. Do any creditors have priority t	Insecured claims	against you?			
No. Go to Part 2.					
Yes.	ad alaime If a arc	oditor has man than an a	·		
 List all of your priority unsecureach claim listed, identify what typnonpriority amounts. As much as unsecured claims, fill out the Conference. 	pe of claim it is. If a possible, list the cl linuation Page of F	a claim has both priority and laims in alphabetical order a Part 1. If more than one cre	l nonpriority amounts, list t according to the creditor's i ditor holds a particular clair	hat claim here and show both	priority and
(For an explanation of each type of	of claim, see the in	structions for this form in th	e instruction booklet.)	The second secon	- 64
			•	Total claim Priority amount	Nonpriority amount
AR RESOURCES		Look A dinita at account w	umber 6 4 2 7	\$446.00 \$	œ.
Priority Creditor's Name PO BOX 1056	,			440.00 s	
Number Street		When was the debt incur	ed? 10/03/2014		
		As of the date you file, the	e claim is: Check all that appl	v.	
BLUE BELL PA	X 19422 ZIP Code	☐ Contingent		•	
Who incurred the debt? Check or		Unliquidated			
Debtor 1 only	æ.	☐ Disputed			
Debtor 2 only		Type of PRIORITY unsec	ured claim:		
Debtor 1 and Debtor 2 only		Domestic support obligati			
At least one of the debtors and a			lebts you owe the government		
Check if this claim is for a co	mmunity debt	Claims for death or perso			
Is the claim subject to offset?		intoxicated	• •		
Ø No □ Yes		Other. Specify CRED	TUR	=	
2 CAPITAL ONE	2 + 2 + 2 + 3 + 3 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4	kirintatur samaara medina yira pergusi (selah ilah pirak uni endarah kibadisa sa etaum, da mesanegaya	етіл бүлеттерүі тығының көзінен қараратында қараратын қараратын таған көтінен құраратын таған көтінен құрараты	medalahan karan kara Karan karan ka	\$\$\$\$ #\$\$\ Y\$\$\ \$\text{\$\
Priority Creditor's Name		Last 4 digits of account no	ımber 1 5 6 1	\$543.00 _{\$}	\$
PO BOX 30253		When was the debt incurre	ed? <u>11/27/2007</u>		
Number Street		As of the date you file the	claim is: Check all that apple	,	
SALT LAKE CITY UT	84130	Contingent	Claim is. Check as that appr	у.	
City State	ZIP Code	Unliquidated			
Who incurred the debt? Check on	e.	☐ Disputed			
Debtor 1 only		Type of PRIORITY unsec	urad claim:		
Debtor 2 only		Domestic support obligation			:
Debtor 1 and Debtor 2 only At least one of the debtors and an	- - 11-		ebts you owe the government		
		Claims for death or person			
Check if this claim is for a co	nmunity debt	intoxicated			
Is the claim subject to offset? ☑ No ☑ Yes		☑ Other. Specify <u>CREDI</u>	IUK		

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Debtor 1

CONNIE

HARRIS

Case number (# known)____

Part 1: Your PRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount CAPITAL ONE Last 4 digits of account number 0 3 7 2 476.00 s Priority Creditor's Name PO BOX 30253 11/24/2007 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. SALT LAKE CITY UT Contingent 84130 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ☐ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt ☑ Other. Specify CREDITOR Is the claim subject to offset? M No Yes CAPITAL ONE 0 7 8 476.00 s Last 4 digits of account number Priority Creditor's Name PO BIX 30253 07/30/2012 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. SALT LAKE CITY UT 84130 Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. ■ Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another П Claims for death or personal injury while you were ☐ Check if this claim is for a community debt ☑ Other. Specify _CREDITOR Is the claim subject to offset? M No ☐ Yes CONTRACT CALLERS INC Last 4 digits of account number 2 1 2 6 522.00 s Priority Creditor's Name **501 GREEN STREET** 06/18/2013 When was the debt incurred? 3RD FLOOR As of the date you file, the claim is: Check all that apply. ☑ Contingent **AUGUSTA** GA 30901 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated ☑ Other, Specify <u>CREDITOR</u> Is the claim subject to offset? No. Yes

Case 16-13098 Doc 1 Filed 04/18/16 Entered 04/18/16 11:59:33 Page 23 of 47 Document CONNIE Debtor 1 Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? $oxed{oxed}$ No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim MIDLAND FUNDING LLC Last 4 digits of account number 5 2 5 2 1,379.00 Nonpriority Creditor's Name 07/30/2012 When was the debt incurred? 8875 AERO DR STE 200 Number SAN DIEGO CA 92123 As of the date you file, the claim is: Check all that apply. ZIP Code ☑ Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDITOR ☑ No Yes 1,176.00 PEOPLE'S ENERGY Last 4 digits of account number 10/04/2008 Nonpriority Creditor's Name When was the debt incurred? 200 E RANDOLPH Number Street As of the date you file, the claim is: Check all that apply. **CHICAGO** IL 60601 State ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. 🔲 . Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify CREDITOR ✓ No Yes PEOPLE'S ENERGY Last 4 digits of account number 5 0 4 6 412.00 Nonpriority Creditor's Name 02/27/2008 When was the debt incurred? 200 E RANDOLPH Number Street CHICAGO IL 60601 As of the date you file, the claim is: Check all that apply. State ZIP Code ☑ Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Check if this claim is for a community debt Obtigations arising out of a separation agreement or divorce that you did not report as priority claims is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No No ☑ Other. Specify <u>CREDITOR</u> Yes

Case 16-13098 Doc 1 Filed 04/18/16 Entered 04/18/16 11:59:33 Document Page 24 of 47 CONNIE Debtor 1 Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number 1 3 8 1 STELLAR RECOVERY 147.00 Nonpriority Creditor's Name 10/13/2004 When was the debt incurred? 1327 HIGHWAY 2 WEST STE 100 As of the date you file, the claim is: Check all that apply. **KALISPELL** MT 59901 State ZIP Code ■ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that Check if this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify_UTILITY M No Yes Last 4 digits of account number 7 0 7 1 US HOSPICE AND HOME HEALTH CORP \$ 2,520.00 Nonpriority Creditor's Name 03/12/2012 When was the debt incurred? 5860 N LINCOLN AVE FLR 2 Number As of the date you file, the claim is: Check all that apply. **CHICAGO** IL. 60659 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims $f \square$ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ Other, Specify MEDICAL M No ☐ Yes 566,44 Last 4 digits of account number 8 0 8 6 STONELEIGH RECOVERY Nonpriority Creditor's Name 09/07/2012 When was the debt incurred? PO BOX 1479 Number As of the date you file, the claim is: Check all that apply.

PO BOX 1479 Number Street LOMBARD IL 60148 City State ZIP Code Who incurred the debt? Check one.

☑ Debtor 1 only
 ☑ Debtor 2 only
 ☑ Debtor 1 and Debtor 2 only
 ☑ At least one of the debtors and another
 ☑ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Is the claim subject to offse	t?		
☑ No			

☐ Yes

Contingent
Unliquidated

Disputed

Dehtor	1	

6.4i-Artin		

Case number (# known)

er listing any entries on this page, number the	n beginning with 2.3, followed by 2.4, and so forth.	Total claim Priority Nonprio amount amount
CEBTRAL CLINICAL LABS, INC	Last 4 digits of account number 7 1 1 0	s 131.15 s s
Priority Creditor's Name 6858 W ARCHER AVE	When was the debt incurred? 01/17/2012	
Number Street	As of the data way file the plaint in Ot 1 (1)	
CHICAGO IL 60638	As of the date you file, the claim is: Check all that apply. Contingent	
CHICAGO IL 60638 City State ZIP Code Who incurred the debt? Check one.	Unliquidated Disputed	
☑ Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only	Domestic support obligations	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were	
☐ Check if this claim is for a community debt	intoxicated Other. Specify MEDICAL	
Is the claim subject to offset?		
☑ No □ Yes		
	MACHINI PANGHAMAN MACHINI MACH	ettited alls weight de wise with the second at times to be described common times de whom it is the limited of the second at the
CENTRAL CLINICAL LABS, INC	Last 4 digits of account number 5 3 6 0	\$ 77.17 \$ \$
Priority Creditor's Name 6858 W ARCHER AVE		
Number Street	When was the debt incurred? 03/16/2012	
	As of the date you file, the claim is: Check all that apply.	
CHICAGO IL 60638	Contingent	
Cily State ZIP Code	☐ Unliquidated☐ Disputed	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were	
☐ Check if this claim is for a community debt	intoxicated	
is the claim subject to offset?	Other, Specify MEDICAL	
₩ No		
Ves		initi khimitari kerjenuqey pengi japapigan pot ki ki ku ki ki ki ki ki ki ki ki kanangan pop maya pop ki
IN HOME DIAGNOSTICS, LLC Priority Creditor's Name	Last 4 digits of account number 5 8 7 0	\$55.79 \$ \$
1229 N NORTH BRNCH ST	When was the debt incurred? 03/16/2012	
STE 108	As of the date you file, the claim is: Check all that apply.	
CHICAGO IL 60642	☑ Contingent	
City State ZIP Code Who incurred the debt? Check one.	Unliquidated Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only		
Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government	
At least one of the debtors and another	Claims for death or personal injury while you were	
☐ Check if this claim is for a community debt	intoxicated Other. Specify MEDICAL	TOTAL MAYON AND AND AND AND AND AND AND AND AND AN
Is the claim subject to offset?		
W No		

Case 16-13098 Filed 04/18/16 Entered 04/18/16 11:59:33 Page 26 of 47 Document CONNIE Debtor 1 Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim UNIVERSITY OF CHICAGO Last 4 digits of account number 1 6 0 0 25.28 Nonpriority Creditor's Name 04/08/2012 When was the debt incurred? PO BOX 75307 Number **CHICAGO** IL 60675 State As of the date you file, the claim is: Check all that apply. ZiP Code **M** Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☑ No Other. Specify MEDICAL Yes 22.15 URBAN HOME PHYSICIANS INC. Last 4 digits of account number 03/14/2012 Nonpriority Creditor's Name When was the debt incurred? 408 MADISON ST Number Street OAK PARK As of the date you file, the claim is: Check all that apply. IL 60301 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☐ Other. Specify MEDICAL ✓ No ☐ Yes COMED Last 4 digits of account number 3 2 0 1,800.00 Nonpriority Creditor's Name 10/01/2009 When was the debt incurred? PO BOX 6111 Number Street **CAROL STREAM** 11. 60197 As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts No.

Yes

Other. Specify <u>UTILITY</u>

Case 16-13098 Doc 1 Filed 04/18/16 Entered 04/18/16 11:59:33 Document Page 27 of 47 Debtor 1 Case number (# ki First Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim VICTOR THOMAS, MD Last 4 digits of account number 1 4 3 6 30.76 Nonpriority Creditor's Name 10/01/2014 When was the debt incurred? 408 MADISON ST Number Street As of the date you file, the claim is: Check all that apply. OAK PARK IL 60302 City State ZIP Code ☑ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ Other. Specify MEDICAL M No ☐ Yes UNIVERSITY OF CHICAGO MEDICINE Last 4 digits of account number 3 1 5 6 17.54 Nonpriority Creditor's Name 06/03/2015 When was the debt incurred? 15965 COLLECTIONS CENTER DR Number As of the date you file, the claim is: Check all that apply. **CHICAGO** IL 60693 City State ZIP Code **☑** Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that Check if this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify MEDICAL **2** No ☐ Yes 461.50 \$ LAKE COUNTY RESTITUTION Last 4 digits of account number 4 3 6 8 Nonpriority Creditor's Name When was the debt incurred? 10/02/2014 PO BOX 926 Number Street As of the date you file, the claim is: Check all that apply. **CROWN POINT** IN 46308 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that Check if this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify CREDITOR **Z** No ☐ Yes

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Debtor 1

CONNIE First Name

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HARRIS

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	11,284.78
	6e. Total. Add lines 6a through 6d.	6e.	\$	11,284.78
		4.	Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i.	+ \$	0.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	11,284.78

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Fil	l in this ir	formation to ide	ntify your case:		/ A. M.		
Del	btor	CONNIE	J	HARRIS			
Del	btor 2	First Name	Middle Name	Last Name			
	ouse If filing)		Middle Name	Last Name			
		Bankruptcy Court for	the: Northern District of	Illinois	1		
	se number (nown)						Check if this is an amended filing
Off	ficial F	Form 106G	<u>.</u>				
				ntracte and	d IIIn	expired Leases	4011
Be a infor addit	s comple mation. I tional pag Do you h No. C Yes. F List sepa	te and accurate a f more space is n ges, write your na ave any executor heck this box and fill in all of the info rately each perso	as possible. If two man needed, copy the addit ame and case number ry contracts or unexpi file this form with the co ormation below even if the	ried people are filing to ional page, fill it out, no (if known). red leases? ourt with your other schelle contracts or leases allows you have the contracts or leases allows you have the contracts.	ogether, umber the dules. Your elisted or	both are equally responsible for supply the entries, and attach it to this page. On the entries, and attach it to this page. On the entries, and attach it to this page. On the entries of each contract or estruction booklet for more examples of each contract or estruction booklet.	the top of any . 06A/B). lease is for (for
	unexpired	leases.	whom you have the co			State what the contract or lease is for	,
2.1							
	Name			***************************************	-		
	Number	Street			_		
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	City	error to the control of the control	State ZIP Code	den de transmisse de la company de la destada de la destada de la company de la destada de la destada de la com		indystyg hydron cymru chwerthaeth achar a chwer a chwer a glydyd d ywed Actaeth. Wedd all balld februar a centur a c	e Petro em direbes est que solar au secuto destrueta destrueta en este este este este este este este e
2.2	Name						
	Number	Street			_		
	<u> </u>				***		
2.3	City	entropic of Special control for Smith Shi Section Section 11	State ZIP Code		eritar oznazí ma fizotov z movez	t terretarin mente perminente de tre en erretarios en entre de desenvento escribbilitado en la 1811 de 1885 de Constituir mente perminente de tre en entre en entre en entre de desenvento en 1880 de 1885 de 1885 de 1885 de	economica na como estado estado estado estado en como en entra estado en entra estado en entra estado en entra
	Name	*************************************			-		
	Number	Street			_		
	City		State ZIP Code		_		
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	Name				_		
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Ţ	City	***************************************	State ZIP Code		_		
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	is information to iden			
Debtor 1	CONNIE	J	HARRIS	
Debtor 2	First Name	Middle Name	Last Name	
	filing) First Name	Middle Name	Last Name	
United St	ates Bankruptcy Court for t	he: Northern District of Illino	is 🔽	
Case num	nber			
(II KIIOWII)				Check if this is a
∩ffiala	al Form 106H			amended filing
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******				12/15
re ming i nd numb	togetner, both are equ	ially responsible for suppl oxes on the left. Attach th	ving correct information. If	as complete and accurate as possible. If two married peop more space is needed, copy the Additional Page, fill it out age. On the top of any Additional Pages, write your name a
1. Doyo		? (If you are filing a joint ca	se, do not list either spouse a	as a codebtor.)
□ Y				
2. Withi Arizo	in the last 8 years, hav na, California, Idaho, Lo	re you lived in a communit puisiaпа, Nevada, New Mexi	y property state or territory ico, Puerto Rico, Texas, Was	? (Community property states and territories include hington, and Wisconsin.)
	o. Go to line 3.			
		rmer spouse, or legal equiva	alent live with you at the time	?
) No			
<u></u>	Yes. In which commu	inity state or territory did you	ı live?	. Fill in the name and current address of that person.
	Name of your spouse, form	er spouse, or legal equivalent		
	Name of your spouse, form	er spouse, or legal equivalent		
		er spouse, or legal equivalent		
		er spouse, or legal equivalent State	ZIP Code	
show Sched Sched	Number Street City lumn 1, list all of your on in line 2 again as a codule D (Official Form 1 dule E/F, or Schedule	State codebtors. Do not include codebtor only if that perso 106D), Schedule E/F (Offici	your spouse as a codebto	r if your spouse is filing with you. List the person r. Make sure you have listed the creditor on ule G (Official Form 106G). Use <i>Schedule D,</i>
show Sched Sched	Number Street City Tumn 1, list all of your on in line 2 again as a conductor of the cond	State codebtors. Do not include codebtor only if that perso 106D), Schedule E/F (Offici	your spouse as a codebto	r. Make sure you have listed the creditor on
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Official Form 106H

Entered 04/18/16 11:59:33 Case 16-13098 Doc 1 Filed 04/18/16 Desc Main Page 31 of 47 Document Fill in this information to identify your case: CONNIE **HARRIS** Debtor 1 First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number Check if this is: (If known) An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 1061 MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Employment** 1. Fill in your employment information. **Debtor 1** Debtor 2 or non-filing spouse If you have more than one job, attach a separate page with **Employment status** Employed ■ Employed information about additional employers. ☑ Not employed ☐ Not employed Include part-time, seasonal, or self-employed work. Occupation Occupation may include student or homemaker, if it applies. Employer's name Employer's address Number Street Number Street State ZIP Code ZIP Code How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. 3. Estimate and list monthly overtime pay. 4. Calculate gross income. Add line 2 + line 3. 0.00

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Page 32 of 47 Document_{IS} CONNIE Debtor 1 Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here..... 0.005. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5¢. 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. 5f. Domestic support obligations 5f. 5q. Union dues 5g. 5h. Other deductions. Specify: _ 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a. 8b. Interest and dividends 0.00 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation 0.00 8d. 8e. Social Security 8e 753.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP FOR FOOD <u>194</u>.00 8f. 8g. Pension or retirement income 0.00 8g 8h. Other monthly income. Specify: 8h. 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8q + 8h. 947.00 10. Calculate monthly income. Add line 7 + line 9. 947.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: SNAP FOR FOOD 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 947.00 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Mo. Yes. Explain:

Case 16-13098 Doc 1 Filed 04/18/16 Entered 04/18/16 11:59:33 Desc Main Page 33 of 47 Document Fill in this information to identify your case: CONNIE Debtor 1 **HARRIS** Check if this is: Middle Name Debtor 2 An amended filing (Spouse, if filing) First Name Middle Name Last Name A supplement showing postpetition chapter 13 | v | United States Bankruptcy Court for the: Northern District of Illinois expenses as of the following date: Case number MM / DD / YYYY (If known) Official Form 106J **Schedule J: Your Expenses** 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? □ No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? **☑** No Dependent's relationship to Dependent's Does dependent live Do not list Debtor 1 and Yes. Fill out this information for Debtor 1 or Debtor 2 age with you? Debtor 2. each dependent..... ☐ No Do not state the dependents' names. Yes ☐ No Yes ☐ No Yes ☐ No ☐ Yes ☐ No Yes 3. Do your expenses include ✓ No expenses of people other than Yes yourself and your dependents? **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and 656.00 any rent for the ground or lot. 4 If not included in line 4: Real estate taxes 0.00 4a. Property, homeowner's, or renter's insurance 0.00 4b. Home maintenance, repair, and upkeep expenses 0.00 4c.

Homeowner's association or condominium dues

0.00

4d.

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Debtor 1

CONNIE

First Name

HARRIS

Case number (# known)_

			Your expe	nses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
	Utilities:	Ψ.		
٥.	6a. Electricity, heat, natural gas	6a.	¢	120.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7.		7.	\$	194.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
10.	Personal care products and services	10.	\$	50.00
11,	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	0.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14,	\$	20.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		- 11111	
	15a. Life insurance	15a.	\$	50.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16	Tayon Do not include towarded described from a construction of the first transfer.			
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Document Page 35 of 47 CONNIE **HARRIS** Debtor 1 Case number (if known) Other. Specify: _ 0.00 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 1,190.00 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 1,190.00 23. Calculate your monthly net income. 947.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 1,190.00 23b. Subtract your monthly expenses from your monthly income. 23c. -243.00 The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? M No. ☐ Yes. Explain here:

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ebtor 1	CONNIE First Name	J Middle Name	HARRIS Last Name		
ebtor 2 Spouse, if filing	\ First Name	62141 21		aktivite konnerana remaner	
	,	Middle Name	Last Name	12.0	
		the: Northern District of	IIIInois		
ase number f known)					☐ Check if this
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fficial l	Form 107				
tatem	ent of Fin	ancial Affai	rs for Indiv	iduals Filing for	Bankruptcy
					ponsible for supplying correct
ormation.	If more space is r	needed, attach a separ	ate sheet to this for	m. On the top of any additional	pages, write your name and case
nber (if kn	own). Answer eve	ery question.			
art 1: (zivo Dotnile Ahe	out Your Marital Sta	tus and Where V	and bred Defens	
and F	oive Details ADC	out Your Marital Sta	itus and where T	ou Livea Before	
What is y	our current marit	al status?			
☐ Marri ☑ Not n					
- 110111	anica				
. During th	ne last 3 vears, ha	ve vou lived anvwhere	other than where v	ou live now?	
	ne last 3 years, ha	ve you lived anywhere	other than where y	ou live now?	
🗹 No		ve you lived anywhere			
☑ No ☐ Yes.					Dates Debto
☑ No ☐ Yes.	List all of the place		years. Do not include	where you live now.	Dates Debto lived there
☑ No ☐ Yes.	List all of the place		years. Do not include Dates Debtor 1	where you live now.	
☑ No □ Yes. Det	List all of the place		years. Do not include Dates Debtor 1 lived there	where you live now. Debtor 2:	lived there
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☑ No □ Yes. Det	List all of the place		years. Do not include Dates Debtor 1 lived there	where you live now. Debtor 2: Same as Debtor 1	lived there
V No ☐ Yes. Det	List all of the place otor 1: mber Street	s you lived in the last 3 y	years. Do not include Dates Debtor 1 lived there From	where you live now. Debtor 2: Same as Debtor 1 Number Street	Iived there
☑ No □ Yes. Det	List all of the place otor 1: mber Street		years. Do not include Dates Debtor 1 lived there From	where you live now. Debtor 2: Same as Debtor 1 Number Street	lived there Same as D From
V No ☐ Yes. Det	List all of the place otor 1: mber Street	s you lived in the last 3 y	years. Do not include Dates Debtor 1 lived there From	where you live now. Debtor 2: Same as Debtor 1 Number Street	Iived there
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Part 2: Explain the Sources of Your Income

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Debio	ſΊ

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Debtor 1	CONNIE		J	HARRIS	Case number (if known)	
	First Name	Middle Name	Last ?	ame		

Did you have any income from employment Fill in the total amount of income you receive If you are filing a joint case and you have income the property of the	d from all jobs and all bus	inesses, including part-ti	me activities.	endar years?
✓ No✓ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$_
For last calendar year: (January 1 to December 31,2015	Wages, commissions, bonuses, tips Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For the calendar year before that:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	¢
(January 1 to December 31, 2014	Operating a business	Φ	Operating a business	a
unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e	g a joint case and you hav			
No Yes. Fill in the details.	•	o not include income tha		
	Debtor 1		Debtor 2	
	•	Gross income from each source (before deductions and exclusions)		Gross income from each source (before deductions and exclusions)
	Debtor 1 Sources of income	Gross income from each source (before deductions and	Debtor 2 Sources of income	each source (before deductions and
Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income	each source (before deductions and
Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	Debtor 1 Sources of income Describe below. SOCIAL SECURIT	Gross income from each source (before deductions and exclusions) \$ 753.00 \$	Debtor 2 Sources of income	each source (before deductions and
Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2015 YYYY) For the calendar year before that:	Sources of income Describe below. SOCIAL SECURIT SOCIAL SECURIT	Gross income from each source (before deductions and exclusions) \$ 753.00 \$ 5 \$ 753.00 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$	Debtor 2 Sources of income	each source (before deductions and
From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2015)	Debtor 1 Sources of income Describe below. SOCIAL SECURIT	Gross income from each source (before deductions and exclusions) \$	Debtor 2 Sources of income	each source (before deductions and

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Debtor 1

CON	N!	E	
JUN	INI		

HARRIS

Case number (if known)_

D	•	_

6.

List Certain Payments You Made Before You Filed for Bankruptcy

Are eith	ner Det	otor 1's or Deb	tor 2's deb	ts primarily c	onsumer deb	ts?		
☐ No.	Neith "incur	er Debtor 1 no	r Debtor 2 dual primar	has primarily ily for a persor	consumer de	ebts. Consumer debts a nousehold purpose."	re defined in 11 U.S.C. § 10	1(8) as
	Durin	g the 90 days b	efore you fil	led for bankrup	otcy, did you p	ay any creditor a total o	f \$6,225* or more?	
	□ N	o. Go to line 7.						
	☐ Y	total amoun	t you paid th	nat creditor. Do	o not include p	\$6,225* or more in one ayments for domestic s nents to an attorney for	or more payments and the upport obligations, such as this bankruptcy case.	
	* Sub	ject to adjustme	ent on 4/01/	16 and every 3	years after th	at for cases filed on or a	after the date of adjustment.	
✓ Yes	. Debto	or 1 or Debtor	2 or both h	ave primarily	consumer de	bts.		
						ay any creditor a total of	f \$600 or more?	
		o. Go to line 7.						
	☐ Ye	creditor. Do	not include	payments for	domestic supp	\$600 or more and the to oort obligations, such as ey for this bankruptcy ca	otal amount you paid that child support and see.	
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for
						\$	\$	☐ Mortgage
	ō	Creditor's Name		*··*		~		☐ Car
	7							☐ Car
	ł	Number Street						
	-							Loan repayment
								Suppliers or vendors
	7	City	State	ZIP Code				Other
	č	Creditor's Name		Worker-in-		\$	\$	☐ Mortgage
								☐ Car
	ī	Number Street			***************************************			Credit card
								Loan repayment
	-		***************************************					Suppliers or vendors
	7	City	State	ZIP Code				☐ Other
						•		-
	7	Creditor's Name				\$	<u> </u>	Mortgage
								Car
	7	Number Street						Credit card
								Loan repayment
	-							Suppliers or vendors
	ิซี	City	State	ZIP Code				Other

CONNIE **HARRIS** Debtor 1 Case number (if known First Name 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **I** No Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid Insider's Name Number Street City State ZIP Code Insider's Name Number Street ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited Include payments on debts guaranteed or cosigned by an insider. M No Yes. List all payments that benefited an insider. Dates of Amount you still Reason for this payment Total amount payment paid Include creditor's name Insider's Name Number Street City ZIP Code Insider's Name Number Street City ZIP Code

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Debtor 1

			D	ocument
CONNIE		J		HARRIS
First Name	Middle Name		Last Name	

Case number (# known)_

Within 1 year before you filed for List all such matters, including pers and contract disputes.				
☑ No				
Yes. Fill in the details.				
	Nature of the cas	e Court or	ragency	Status of the case
Cons title	į			Pending
Case title		Court Name	9	On appeal
	: 	Number	Street	Concluded
Casa number		Honos (oneet	Concluded
Case number		City	State ZIP Code	and the same of th
Case title		Court Name		Pending
	:	Court Name	•	On appeal
	: :	Number 5	Street	Concluded
Case number		***************************************		
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CONNIE **HARRIS** Debtor 1 Case number (if known) 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action **Amount** was taken Creditor's Name Number Street City Last 4 digits of account number: XXXX-_ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? **☑** No Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Dates you gave Value per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street ZIP Code Person's relationship to you

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Number

City

Street

Email or website address

Person Who Made the Payment, if Not You

State

ZIP Code

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Person's relationship to you

Person Who Received Transfer

Person's relationship to you _

ZIP Code

Number Street

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Debtor 1

		L	Jocument	rage 44 or 47
CONNIE	J		HARRIS	Case number (if known)
First Name	Middle Name	Last Name		(a morn)

re a beneficiary? (These are often called No	,			
Yes. Fill in the details.				
res. I militate details.				
	Description and value of the prope	erty transferred		Date transfer
	<u>.</u>			was made
Name of trust	•			
			ng regining programme and the latest hand to the latest and the latest the la	
8: List Certain Financial Accoun				
ithin 1 year before you filed for bankru	ptcy, were any financial accounts o	or instruments held in	your name, or for your	benefit,
osed, sold, moved, or transferred?	A			
clude checking, savings, money marke okerage houses, pension funds, coope	t, or other financial accounts; cert gratives, associations, and other fi	iticates of deposit; sha nancial institutions	ares in banks, credit un	nions,
No		tanolai motitations.		
Yes. Fill in the details.				
	Last 4 digits of account number	Type of account or	Date account was	l aat halamaa hafar
	Last 4 digits of account number	instrument	closed, sold, moved,	Last balance before closing or transfer
			or transferred	
Name of Financial Institution		☐ Checking		
	XXXX	-	**************************************	\$
Number Street		Savings		
		Money market		
City		Brokerage		
City State ZIP Code		Other		
Name of Financial Institution	_ xxxx	Checking	***************************************	\$
		☐ Savings		
Number Street		Money market		
		☐ Brokerage		
		☐ Other		
City State ZiP Code		***************************************		
you now have, or did you have within	1 vear before you filed for bankrur	tcv. anv safe denosit l	box or other depositon	v for
curities, cash, or other valuables?	•	,, ,		,
No				
No				Do you still
No	Who else had access to it?	Describe the	e contents	
No Yes. Fill in the details.	Who else had access to it?	Describe the	e contents	have it?
No Yes. Fill in the details.	Who else had access to it?	Describe th	e contents	have it?
No	Who else had access to it?	Describe the	e contents	have it?
No Yes. Fill in the details. Name of Financial Institution	Name	Describe the	e contents	have it?
No Yes. Fill in the details.	_	Describe the	e contents	have it?

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City

Name of site

Number Street

State

ZIP Code

State ZIP Code

Governmental unit

Street

Number

City

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Business Name

Number Street

ZIP Code

Name of accountant or bookkeeper

EIN: ___ -__ __ __

From _____ To ____

Dates business existed

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First Name Middle Name L		
	ast Name	Case number (# known)
		Employee Identification
	Describe the nature of the business	Employer Identification number
Business Name		Do not include Social Security number or ITIN.
		CINI.
		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		Dates pusifiess existed
		
		
City State ZIP Code		FromTo
	:	
ithin 2 years before you filed for bankr	unter did you give a financial statemen	t to anyone about your business? Include all financial
stitutions, creditors, or other parties.	upicy, did you give a miancial statemen	t to anyone about your business? Include all financial
No		
Yes. Fill in the details below.		
res. Fill in the details below.		
	Date issued	
	Date issued	
Name	MM / DD / YYYY	
Number Street	•••	
Tambel Odder		
	·	
City State ZIP Code		
2: Sign Below		
2; Sign Below		
	nt of Financial Afficiency design	
ave read the answers on this <i>Stateme</i>	nt of Financial Affairs and any attachme	ents, and I declare under penalty of perjury that the
ave read the answers on this <i>Stateme</i> swers are true and correct. I understa	NU INAI MAKING A JAISE Statement, conce	aling property or objection means, as assumed to the form
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